

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 112

## 1. PLACE OF DEATH:

County DorchesterCity or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Most of lifeHospital, institution, or street address where death occurred: noHow long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war no

## 3. (a) FULL NAME

Cornelius B. Baltimore

## 3. (b) Social Security Number

216-14-20064. Sex male5. Color or race aa6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Alberta Baltimore7. Birth date of deceased (mo., day, yr.) 18856. (c) If alive, give age ✓ years8. AGE: Years 62 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Vienna, Dorchester Co. Maryland  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Same12. Name Levin Baltimore13. Birthplace Vienna, Maryland14. Maiden name Sarah Stewart15. Birthplace Vienna, Maryland16. Informant Miss Estella BaltimoreAddress 756 Mole St. Phila. Pa.17. Burial Date thereof 11-9-47  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory RiverLocation Federalsburg, Maryland18. Funeral director James F. StewartAddress 402 E. Church St. Salisbury, Md.19. Nov 6 19 47 Eliabeth Baggett  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1947 at 7:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1 1947 to November 5 1947and that I last saw him alive on November 1 1947Immediate cause of death Coronary Thrombosis DURATION 1 1/2 hoursDue to Several arteriosclerosis 1 yr +

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W.C. Harrison MD M. D. or otherAddress Hublock Md. Date signed 11/6/47

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NOV 8 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09980

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Dorchester  
 City or town near Fishing Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred:  
Watson's Island  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Pikesville, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Sudbrook Park  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none ✓

## 3. (a) FULL NAME

Edgar Hoover Bankard, Jr.

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Marie H. Bankard  
 7. Birth date of deceased (mo., day, yr.) April-25-1888  
 6. (c) If alive, give age 59 years

8. AGE: Years 59 Months 6 Days 18 If less than one day  
 ....hrs. ....min.

9. Birthplace Balto. Md.  
 (Town, county, and state)

10. Usual occupation retired

11. Industry or business (Steel)

12. Name E. Howard Bankard

13. Birthplace Balto. Md.

14. Maiden name Victoria Hoover

15. Birthplace Balto. Md.

16. Informant Mrs. Marie H. Bankard (wife)

Address Sudbrook Park, Md.

17. Burial Date thereof Nov/15/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory David Ridge

Location Pikesville Md.

18. Funeral director Stewart Morris Co.

Address Baltimore Md.

19. Nov 14 19 47 A. W. Hedrick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 12<sup>th</sup> 19 47 at 3:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19....  
 and that I last saw h. Dead on arrival 19....

Immediate cause of death Coronary occlusion DURATION approx. 5 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none Date of op. ....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Eldridge H. Wolff, M.D. acting

23. SIGNATURE Deputy Medical Examiner M. D. or other

Address Cambridge Md Date signed 11-13-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09981

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

James C Cephal  
 4. Sex Male 5. Color or race Col 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1922

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge, Md  
(Town, county, and state)10. Usual occupation Salvager

## 11. Industry or business

12. Name Herman Sudler13. Birthplace Cambridge, Md14. Maiden name Cornelia Cephal15. Birthplace Cambridge, Md16. Informant Cornelia CephalAddress Cambridge, Md17. Burial Date thereof Dec 3/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Cambridge, Md18. Funeral director Jewell W. BrownAddress Cambridge, Md19. 12-3- 19 47 John Mace Registrar

(Date rec'd by registrar)

## 3.(b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April Nov. 28 19 47 at 7 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 47 to Nov 19 47

and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death

Massive pulmonary embolismDue to Bacterial disease  
pulmonary

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE James W. Brown

M. D. or other

Address CambridgeDate signed Dec 3/47

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DEC 5 1947  
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

69982

Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**  
 County.....  
 City or town..... **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **10-20 years**  
 Hospital, institution, or street address where death occurred:  
**In Cambridge Creek nr Leonard's Wharf**  
 How long in hospital or institution? **X**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Dorchester**  
 City or town..... **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **on board of boat J.T. Leonard**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
**William Irving Chester**

3. (b) Social Security Number

4. Sex **male** 5. Color or race **colored** 6. (a) Single, married, widowed, or divorced **married**  
 6. (b) Name of husband or wife..... **Helen Banks**  
 7. Birth date of deceased (mo., day, yr.) **1895** 6. (c) If alive, give age..... **45** years  
 8. AGE: Years **52** Months **X** Days **X** If less than one day  
 ..... hrs. .... min.

9. Birthplace..... **Dorchester County, Md.**  
 (Town, county, and state)  
 10. Usual occupation..... **Cook on the J.T. Leonard**  
 11. Industry or business **oystering**  
 12. Name..... **William U. Chester**  
 13. Birthplace **Md.**  
 14. Maiden name..... **Annie Pinder**  
 15. Birthplace **Md.**

16. Informant **Milburt Chester, (brother)**  
 Address **105 Washington St. Cambridge.**

17. **Burial** Date thereof..... **11-9-47**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... **Cemetery**  
 Location..... **Cambridge, Md.**

18. Funeral director..... **Louis H. Baynes**  
 Address..... **Cambridge, Md.**

19. **11-6-47** **John H. Hays, Md.**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **November 1, 1947** at **about 2 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... 19....., to ..... 19.....  
 and that I last saw him..... alive on ..... 19.....

Immediate cause of death..... **Drowning, Accidental** DURATION **X**

Due to..... **X**  
 Due to..... **X**

Other conditions **Body recovered by dragging**  
**about 8A.M. on Nov. 4/47**  
 (Include pregnancy within 3 months of death)

Major findings of operations..... **X**  
 ..... Date of op. ....

Autopsy results..... **X**  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... **accident** Date of **Nov. 1/47**  
 Where did injury occur? **in Cambridge Creek near** (City or town) (County) (State)  
**Leonard's Wharf**  
 Injured at home, farm, industry, public place (where?)  
 Means of injury **drowning** Injured at work? **no**

23. SIGNATURE..... **John H. Hays, Md.** M. D. or other  
 Address..... **Cambridge, Md.** Date signed..... **Nov. 4/47**

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VS A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09983

Reg. Dist. No. 111

### 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Hospital  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 3. (a) FULL NAME

Steve Clapps

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife John Clapps

7. Birth date of deceased (mo., day, yr.) Sept 14 1883

8. AGE: Years 64 Months 7 Days 1 If less than one day hrs. min.

9. Birthplace Greene  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business John Clapps

12. Name John Clapps

13. Birthplace Greene

14. Maiden name Not known

15. Birthplace Greene

16. Informant Ludie Collins

Address Secretary

17. Burial Date thereof Nov 30 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Beverly

Location East New Market

18. Funeral director A. B. McLaughlin

Address East New Market

19. 11/30 19 47 Elizabeth C. Smith  
(Date rec'd by registrar) Registrar

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ✓ County ✓

City or town ✓  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓  
(If rural, give LOCATION)

2. (a) If veteran, name war ✓

### 3. (b) Social Security Number

### MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 26 19 47 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 19 47 to Nov 26 19 47 and that I last saw him alive on Nov 26 19 47.

Immediate cause of death Coronary Artery Thrombosis  
Arteriosclerosis  
RT Hemiplegia  
Lues

#### DURATION

2 hours

Due to Arteriosclerosis

Due to RT Hemiplegia 3 months

Other conditions Lues

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. B. McLaughlin M. D. or other

Address Cambridge Md Date signed 11/30/47

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

09984

85

## 1. PLACE OF DEATH:

County WorcesterCity or town East New Market

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

No street addressHow long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No. 201 West New Market

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Elizabeth Conway Hodson

## 3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Separated6. (b) Name of husband or wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1912

8. AGE: Years Months Days If less than one day

35 2 24 — hrs. — min.9. Birthplace East New Market, Worcester, Md.

(Town, county, and state)

10. Usual occupation Housemaid11. Industry or business Domestic12. Name James Coleman13. Birthplace Worcester Co.14. Maiden name William F. Jones15. Birthplace Worcester Co.16. Informant Mrs. Ralph WheatleyAddress East New MarketBuried17. (Burial, cremation, or removal, Which?) Date thereof 11-15-47

(month) (day) (year)

Cemetery or crematory East New Market Church CemeteryLocation East New Market18. Funeral director William F. JonesAddress Wilmington, Delaware19. 11-13-47 John M. H. M. M.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 9, 1947 at 10:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 9, 1947 to November 9, 1947and that I last saw her alive on November 9, 1947Immediate cause of death Acute Pulmonary Edema DURATION 6 hoursDue to EpilepsyStatus Epilepticus 12 hours

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

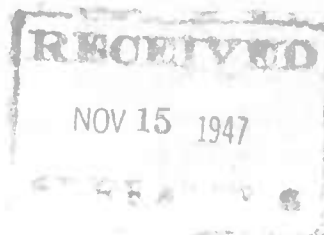
23. SIGNATURE Edw. H. Befford M. D. or otherAddress Cumtidge, Maryland Date signed 11-13-47

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VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09985 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years, 1 month, 28 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 2 years, 1 month, 28 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 238 Race Street  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Fred Douglas

## 3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>male</u>	<u>white</u>	<u>Widowed</u>

6. (b) Name of husband or wife Eva Seabrook

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 20, 1879 ?

8. AGE:	Years	Months	Days	It less than one day
	<u>68</u>	<u>3</u>	<u>19</u>	_____ hrs. _____ min.

9. Birthplace Canada ?  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Eastern Shore State Hospital Records  
Address Cambridge, Maryland17. Burial Date thereof 11-13-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory E.S.S. HospitalLocation Cambridge B.F.D.18. Funeral director Reverend R. ThomasAddress Cambridge, Md.19. Nov. 12-1947 John Mace Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1947 at 10:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 11 1945 to Nov. 8 1947and that I last saw him alive on November 8 1947Immediate cause of death General and cerebral arteriosclerosis

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

Grace M. Branscombe

M. D. or other

Address E.S.S.H. Cambridge, Md. Date signed Nov. 10

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 112

## 1. PLACE OF DEATH:

County Knox  
City or town Ellicott  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Martha B Elliott

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 20 1861 6.(c) If alive, give age..... years8. AGE: Years 86 Months 4 Days 5 If less than one day..... hrs. .... min.9. Birthplace.....  
(Town, county, and state)10. Usual occupation House work

11. Industry or business.....

12. Name William J Moore13. Birthplace MD14. Maiden name Sarah C. Elliott15. Birthplace MD16. Informant William C. ElliottAddress Ellicott17. Burial Buried Date thereof May 7 1947

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory GreenwoodLocation Ellicott18. Funeral director H. B. MillbroughAddress East New Market19. Nov 27 19 47 Elijah B. Beale

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 19 47, at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 19..... to Nov 27 19 47  
and that I last saw him alive on Nov 17 19 47Immediate cause of death chronic myocarditisDURATION 2 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Elliott M. D. or otherAddress Ellicott Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09987

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 YearsHospital, institution, or street address where death occurred:  
Virginia Ave.

How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Virginia Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Bannamon James Elzey

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Inez May Fitzhugh6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) May 16, 18858. AGE: Years 62 Months 5 Days 27 If less than one day  
..... hrs. .... min.8. Birthplace Sewards, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation Gardener11. Industry or business II12. Name John Elzey13. Birthplace Maryland14. Maiden name Mary Insley15. Birthplace Maryland16. Informant Mrs. Wilsie May JonesAddress Cambridge, Maryland17. Burial Date thereof Nov. 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Nov. 16, 1947 John Moseley, md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1947 at 12:05 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 9, 1947 to November 13, 1947and that I last saw him alive on 11/12/47Immediate cause of death Cerebral Hemorrhage DURATIONDue to Myocardial infarction Unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maynard M. D. or otherAddress 136 Race St. Cambridge Date signed 11/15/47

RECEIVED  
NOV 18 1947  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color of age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

69988

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 Years  
 Hospital, institution, or street address where death occurred:  
RFD # 2  
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD # 2  
 (If rural, give LOCATION)  
- - - - -  
 2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

James L. Evans

## 3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Sophia Westbrook  
 6.(c) If alive, give age 64 years  
 7. Birth date of deceased (mo., day, yr.) 1869  
 8. AGE: Years 78 Months - Days - If less than one day  
hrs. min.

9. Birthplace Lakesville, Dor. Co., Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer-Retired  
 11. Industry or business ?? ??

FATHER  
 12. Name Levin Evans  
 13. Birthplace Maryland  
 MOTHER  
 14. Maiden name Elizabeth Thomas  
 15. Birthplace Maryland

18. Informant Mrs. Sophia Evans  
 Address RFD # 2, Cambridge, Maryland.  
 17. Burial Date thereof Nov. 14, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cambridge Cemetery  
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. Nov 11 19 47 John Mace  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1947 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Chronic Myocarditis DURATION ys.

Due to -Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -

23. SIGNATURE J. H. Shivers, Dep. Med. Exam. M. D. or other  
 Address Cambridge, Md. Date signed Nov 11/47

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NOV 13 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

09989

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rhodesdale - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 96 years 11 months  
 Hospital, institution, or street address where death occurred:  
Eldorado  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rhodesdale - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Eldorado  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Rebecca A. Foxwell

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Francis J. Foxwell  
 6. (c) If alive, give age. — years  
 7. Birth date of deceased (mo., day, yr.) November 12, 1860  
 8. AGE: Years 86 Months 11 Days 23 If less than one day  
 ..... hrs. .... min.

9. Birthplace Nicotine County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home

FATHER  
 12. Name Benjamin Rhodes  
 13. Birthplace Dorchester County, Maryland  
 MOTHER  
 14. Maiden name Mary Ann Taylor  
 15. Birthplace Nicotine County, Maryland

16. Informant Miss Theresa Murphy  
 Address Rhodesdale, Maryland, R.F.D.

17. Burial Date thereof November 7 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Eldorado Cemetery  
 Location Eldorado, Maryland

18. Funeral director J. J. Frampton and Son  
 Address Federalsburg, Maryland

19. (Date rec'd by registrar) 19. Nov 7 Registrar H. B. Hastings

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1947, at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
June 10 1940 to Nov 4 1947  
 and that I last saw her alive on Nov 4 1947

Immediate cause of death myocarditis, old age DURATION gradual

Due to hypertensive 5 days

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE W. E. Gerson M.D. M. D. or other  
 Address Federalsburg, Md. Date signed 11-5-47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge-  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred

Cambridge-Maryland Hospital

How long in hospital or institution? 1 day

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TALBOT

City or town TRAPPE  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mr. Joseph W. Groves

### 3. (b) Social Security Number

218-24-4703

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife

LOUISE HAIGLER GROVES

7. Birth date of deceased (mo., day, yr.)

May 14, 1892

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 55 Months 6 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace

Palatka, Florida  
(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

Joseph Worthington GROVES

Ellicott City, Md.

14. Maiden name SARAH SPRECHER

15. Birthplace SYKESVILLE, Md.

16. Informant G. E. Simpson

TRAPPE, Md.

17. BURIAL Date thereof Nov. 20, 1947

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory EVERGREEN

Location St. Augustine, Florida

18. Funeral director MAURICE E. NEWNAM, Son

Address EASTON, Md.

19. Nov. 17, 1947 John Macejko md  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 16 Nov. 19 47 at 8:10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 Nov. 19 47 to 16 Nov. 19 47

and that I last saw h. 1 M. alive on 15 Nov. 19 47

Immediate cause of death CORONARY

THROMBOSIS

DURATION

Due to

Due to

Other conditions ARTERIO SCLEROSIS

CARDIAC ASTHMA.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Walter E. Gandy MD.  
105 Church St M. D. or other  
Cambridge Md Date signed 16 Nov 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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NOV 18 1947

ST. PAUL, MINN.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

### 1. PLACE OF DEATH:

County Baltimore

City or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Baltimore

City or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Lorina B. Harper

### 3. (b) Social Security Number

#### 4. Sex

Female

#### 5. Color or race

white

#### 6. (a) Single, married, widowed, or divorced

Widow

#### 6. (b) Name of husband or wife

#### 7. Birth date of deceased (mo., day, yr.)

July 8 1870

#### 6. (c) If alive, give age \_\_\_\_\_ years

#### 8. AGE:

Years 77 Months \_\_\_\_\_ Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

#### 9. Birthplace

md  
(Town, county, and state)

#### 10. Usual occupation

House work

#### 11. Industry or business

William Baynard

#### FATHER

#### 12. Name

William Baynard

#### 13. Birthplace

Everly, Maryland

#### MOTHER

#### 14. Maiden name

Baynard Harper

#### 15. Birthplace

Hurlock

#### 16. Informant

Burial

#### Address

Still Pond

#### 17. (Burial, cremation, or removal, Which?)

Still Pond

#### 18. Cemetery or crematory

F.B. Willoughby

#### 19. Location

East New Market

#### 20. Funeral director

Nov 10 - 19 47

#### Address

Chas W Hastings

#### 21. (Date rec'd by registrar)

Nov 10 - 19 47

#### 22. Registrar

Chas W Hastings

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 19 47 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1 19 47 to November 8 19 47 and that I last saw her alive on November 6 19 47

#### Immediate cause of death

General arteriosclerosis

#### DURATION

5 yrs +

#### Due to

#### Due to

#### Other conditions

senility; senile psychosis 1 yr +

(Include pregnancy within 3 months of death)

#### Major findings of operations

\_\_\_\_\_ Date of op. \_\_\_\_\_

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

#### Where did injury occur?

(City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

#### Injured at home, farm, industry, public place (where?)

\_\_\_\_\_

#### Means of injury

\_\_\_\_\_ Injured at work? \_\_\_\_\_

### 23. SIGNATURE

W C Harrison MD  
Hurlock Md. M. D. or other \_\_\_\_\_  
Date signed 11/9/47

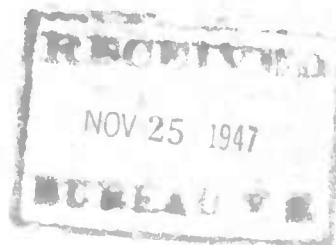
MARGIN RESERVED FOR BINDING

(I)

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Harrisville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town unsubd. md. RFD.  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Linwood Harris

## 3. (b) Social Security Number

4. Sex male5. Color or race col6. (a) Single, married, widowed, or divorced infant6. (b) Name of husband or wife Aug 14/477. Birth date of deceased (mo, day, yr.) Aug8. AGE: Years 4 Months — Days — It less than one dayhrs. — min. —8. Birthplace Cambridge md. Dist  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Ernest Phillips13. Birthplace Dor Co14. Maiden name Gladys Harris15. Birthplace Dor Co16. Informant Sarah HarrisAddress Harrisville md Dor Co17. Burial Date thereof Nov 28/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Madison Road18. Funeral director Servis & BaymanAddress Cambridge Md19. Nov 28-47 John M. S. md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 19 47 at 8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/24 19 47 to 11/27/47 19 —and that I last saw him alive on 11/24/47 19 —Immediate cause of death ConcussionDue to Birth InjuryDue to —Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations no questionDate of op. —Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? Cambridge MA Hospital(City or town) (County) Dorchester Co.Injured at home, farm, industry, public place (where?) at hospitalMeans of injury Birth Injury Injured at work? —23. SIGNATURE LawrenceAddress 136 Race StreetDate signed 11/28/47

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09993 1/6

## 1. PLACE OF DEATH:

County WorcesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DouglasCity or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Francis W. Harvey.

## 3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of

deceased (mo., day, yr.) Feb. 6<sup>th</sup> 1900

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years 47Months 9Days 15

If less than one day

hrs. \_\_\_\_\_

min. \_\_\_\_\_

9. Birthplace

(Town, county, and state) md10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

FATHER

12. Name William C. Harvey13. Birthplace md

MOTHER

14. Maiden name Eva Starr15. Birthplace md16. Informant Mrs. Francis HarveyAddress East New Market17. (Burial, cremation, or removal. Which?) BurialDate thereof Nov 24/1947

(month) (day) (year)

Cemetery or crematory CemeteryLocation East New Market18. Funeral director J. B. WilloughbyAddress East New Market19. Nov 24. 47

(Date rec'd by registrar)

Registrar John M. ...

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1947 at 3<sup>10</sup> P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 12 19 47 to Nov. 21, 1947and that I last saw him alive on Nov. 21, 1947

Immediate cause of death

Myocardial failure 2 hrs  
due to arteriosclerosis (1/4/47 obs)

DURATION

Due to

unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Lawrence MangumAddress Cambridge, md. Date signed 11/22/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09994

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Carroll  
City or town Canaan  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Canaan, Md. Hospital  
How long in hospital or institution? 24 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford  
City or town Canaan  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Enter Phone Street Harf.  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Christie Lee

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec 23, 1894 6.(c) If alive, give age..... years

8. AGE: Years 53 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace Tilghman Island Md  
(Town, county, and state)

10. Usual occupation None

11. Industry or business.....

12. Name Unknown

13. Birthplace.....

14. Maiden name Unknown

15. Birthplace.....

16. Informant L.S.S.H. records

Address Canaan Md

17. Burial Date thereof 11/12/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Michaels

Location St. Michaels Md

18. Funeral director Norman D. Marshall

Address St. Michaels, Md

19. Nov. 11 - 19 47 John D. Marshall Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 19 47 at 5:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 19 47 to Nov 10 19 47

and that I last saw him alive on Nov 10 19 47

Immediate cause of death Septicemia

DURATION 3 days

Due to Septicemia 2 Mo

Due to Septicemia ?

Other conditions Septicemia ?

(Include pregnancy within 3 months of death)

Major findings of operations Mild atrophic gastritis

Date of op. Nov 7, 1947

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John D. Marshall M.D. or other

Address Canaan, Md Date signed 11/10/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09995

Reg. Dist. No. *116*

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 months, 4 days  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? 2 months, 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Denton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Route # 1  
(If rural, give LOCATION)  
2.(a) If veteran, name war ☒

### 3. (a) FULL NAME

Lynn Long

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Nettie Henry  
7. Birth date of deceased (mo., day, yr.) 1879 ? 6. (c) If alive, give age 67 years  
8. AGE: Years 68 ? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Hillsborough, Md.  
(Town, county, and state)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Donald Long  
13. Birthplace England  
14. Maiden name Unknown  
15. Birthplace England

16. Informant Eastern Shore State Hospital Records  
Address Cambridge, Maryland  
17. Buried Date thereof 11-13-47  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Denton Cemetery  
Location Denton, Maryland  
18. Funeral director J. Virgil Moore & Son  
Address Denton, Md.  
19. 11/13 19 47 Wm D. George  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 19 47 at 3:10 p.m.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 6 19 47 to November 10 19 47 and that I last saw him alive on Nov. 10, 19 47.  
Immediate cause of death Bronchopneumonia DURATION 3 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Hypertension 2 mo.  
Other conditions General and cerebral arteriosclerosis 2 mo.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
23. SIGNATURE Grace M. Branscombe M. D. or other \_\_\_\_\_  
Address E. S. S. H. Cambridge Date signed Nov. 10

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 17 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09996

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 67 YearsHospital, institution, or street address where death occurred:  
110 Cedar St.How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 110 Cedar St.  
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Robert Spedden Marshall

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Delia Parks7. Birth date of deceased (mo., day, yr.) Sept. 29, 1873  
6. (c) If alive, give age 69 years8. AGE: Years 74 Months 1 Days 24  
If less than one day - hrs. - min.9. Birthplace Cambridge, RFD # 3, Maryland  
(Town, county, and state)10. Usual occupation Plumer's Helper11. Industry or business Contracting12. Name Robert Spedden Marshall13. Birthplace Maryland14. Maiden name Margaret A. Elliott15. Birthplace Maryland16. Informant Mrs. Robert P. MarshallAddress Cambridge, Maryland17. Burial Date thereof Nov. 26, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11/25 19 47 John Marshall md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1947 at 10:05 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 47 to Death 19 47  
and that I last saw him alive on Nov 23 19 47Immediate cause of death Acute Stenosis of Heart  
DURATION 10 MinsDue to Myocardium CARD ?Due to - - - - -Other conditions - - - - -

(Include pregnancy within 8 months of death)

Major findings of operations - - - - -Autopsy results - - - - -  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - Injured at work? - - - - -23. SIGNATURE James D. Thompson md  
Chambers md M. D. or other Nov 25 47  
Address - - - - - Date signed - - - - -



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

69997

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Roselyn Ave.  
 How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Roselyn Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Nora Whaples Mills

## 3. (b) Social Security Number

- - - - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Clarence H. Mills  
 6.(c) If alive, give age 57 years  
 7. Birth date of deceased (mo., day, yr.) July 13, 1895.  
 8. AGE: Years 52 Months 4 Days 3 if less than one day  
hrs. min.

9. Birthplace Cambridge, Dor. Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Domestic  
 11. Industry or business Home  
 12. Name Wesley Whaples  
 13. Birthplace Maryland  
 14. Maiden name Ruby Salomaons  
 15. Birthplace Maryland

16. Informant Mr. Clarence H. Mills  
 Address Cambridge, Maryland  
 17. Burial Date thereof Nov. 20, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Dorchester Memorial Park  
 Location Cambridge, Maryland.  
 18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. 11-20-47 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1947 at 7 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1947 to Death 1947and that I last saw him alive on 1947Immediate cause of death Cerebral haemorrhage  
massive

DURATION

10 hrsDue to Hypertension C.V.R.D. ?Due to Obesity, simple ?Other conditions Obesity, simple ?

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -Date of op. - - - - -Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) - - - - - (County) - - - - - (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - - Injured at work? - - - - -23. SIGNATURE James A. Thompson M.D. M. D. or other - - - - -Address Cambridge Date signed Nov-19-47



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NOV 24 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09998

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 32 Years  
Hospital, institution, or street address where death occurred:  
6 West End Ave.  
How long in hospital or institution? - - - - -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 6 West End Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war - - - - -

### 3. (a) FULL NAME

Carrie Louise Pink

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Edward F. Pink  
(Died 8/24/1937) 6.(c) If alive, give age - - - - - years

7. Birth date of deceased (mo., day, yr.) May 28, 1865

8. AGE: Years 82 Months 5 Days 17 If less than one day  
hrs. min.

9. Birthplace Lake Hill, Alst er, Co. N. Y.  
(Town, county, and state)

10. Usual occupation - - - - -

11. Industry or business - - - - -

12. Name Augustus Masher

13. Birthplace New York State

14. Maiden name Lucy Haffard

15. Birthplace New York State

16. Informant Mr. Clarence Pink

Address Cambridge, Maryland

17. Burial Date thereof Nov. 18, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Nov 18, 47 John Masher Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

2D. DATE OF DEATH November 15, 1947 at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
10-27 1947 to 11-15 1947  
and that I last saw h. alive on 11-15 1947

Immediate cause of death  
Cerebral Hemorrhage DURATION 2 days

Due to Cerebral Hemorrhage ?

Due to Brain Tumor ?

Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of - - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Masher M. D. or other

Address Cambridge Md Date signed 11-18-47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
NOV 19 1947  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

131a

099999

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:  
215 Robbins St.

How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 215 Robbins St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

August C. Rasche

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Frederica Spilker

6. (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1864

8. AGE: Years 83 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Hartung, Germany  
 (Town, county, and state)

10. Usual occupation Retired Farmer  
" "

11. Industry or business

12. Name Christian Rasche

13. Birthplace Germany

14. Maiden name Louise Von der Ahe

15. Birthplace Germany

16. Informant Mrs. Howard Bell

Address Cambridge, Maryland

17. Burial Date thereof Nov. 10, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. Nov. 10, 1947 John Mace Jr. md  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1947 at 3:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30, 1947 to Oct. 8, 1947  
 and that I last saw him alive on Nov. 8, 1947

Immediate cause of death Uremia DURATION 3 days

Due to arterio sclerotic nephritis unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Marynow M. D. or other

Address Cambridge, Md. Date signed Nov. 8, 1947

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NOV 13 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10000

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 hour 30 minute  
Hospital, institution, or street address where death occurred:  
Cambridge-Md. Hospital  
How long in hospital or institution? 1 hour 30 minute

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Staplesville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Bailey Ross

### 3. (b) Social Security Number

4. Sex male 5. Color or race col. 6.(a) Single, married, widowed, or divorced S  
6.(b) Name of husband or wife \_\_\_\_\_  
6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) 11/25/47  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
1 hrs. 30 min.

9. Birthplace Cambridge, Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER 12. Name James Johnson  
13. Birthplace md.

MOTHER 14. Maiden name Nellie Ross  
15. Birthplace Staplesville, Md

16. Informant Nellie Ross  
Address Staplesville, Md

17. Burial, cremation, or removal, Which? Burial Date thereof 11/26/47  
(month) (day) (year)

Cemetery or crematory Cemetery  
Location Staplesville, Md

18. Funeral director Thurman, Ford  
Address 191 S. Mountain Ave. Camb. Md

19. (Date rec'd by registrar) 11/26/47 Registrar John Massey, Md

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1947 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
and that I last saw him alive on November 25, 1947

Immediate cause of death 463 gram foetus  
Due to Prematurity

Due to Course of prematurity  
unborn

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE L. O. Meredith M. D. or other \_\_\_\_\_

Address Cambridge, Maryland Date signed Nov 26, 1947

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1947

BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10001

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Windsor R.D.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Thayer Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R. F. D.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Francis Ross  
female cal Single

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

14

4

3

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER  
 MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

47

John Macgo md

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 19 47 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 19 47 to Death 19 47and that I last saw him alive on Nov 2 19 47Immediate cause of death Pulmonaryhaemorrhage, unknown

DURATION

acuteDue to Bacterial, ulcerativeinfection, pul. Tbc.

Due to

Other conditions 9 months

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Thompson M. D. or otherAddress Cambridge, Md Date signed Nov 6, 47



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NOV 8 1947  
BUREAU



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NOV 8 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

158

10003

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one day

Hospital, institution, or street address where death occurred:

Cambridge - Mayland Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Edgewood Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Infant Simmons

## 3.(b) Social Security Number

## 4. Sex

Female

## 5. Color or race

C

## 6.(a) Single, married, widowed, or divorced

Infant

## 6.(b) Name of husband or wife

6.(c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.)

October 24, 1947

## 8. AGE:

Years

Months

Days

If less than one day

13

hrs.

min.

## 9. Birthplace

Cambridge

(Town, county, and state)

## 10. Usual occupation

Infant

## 11. Industry or business

## FATHER

## 12. Name

Charles H. Sims & Simmons

## 13. Birthplace

Cambridge

## MOTHER

## 14. Maiden name

Bedie Jane Simmon

## 15. Birthplace

Edgewood Ave

## 16. Informant

Bedie J. Simmon

## Address

Cambridge

## 17.

Nov 12

Date thereof

Nov 12

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Edgewood

## Location

Cambridge

## 18. Funeral director

Edgewood

## Address

Cambridge

## 19.

Nov 11

19. 47

John Mace Jr. MD

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 19. 47 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 4, 19. 47 to November 5, 19. 47and that I last saw him alive on Nov. 4, 19. 47

Immediate cause of death

DURATION

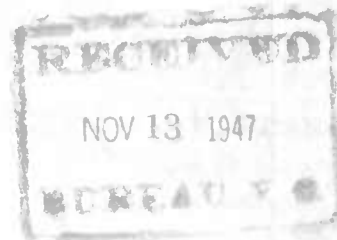
Unknown

## 23. SIGNATURE

L. O. Meredith, M.D.

M. D. or other

Address Cambridge, Maryland Date signed Nov. 6, 1947



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10004

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

### 1. PLACE OF DEATH:

County Dorchester  
City or town East New Market Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? one day  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Queen Anne's  
City or town Church Hill Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

Lattie Slacum

### 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Rev. Albert Slacum

7. Birth date of deceased (mo., day, yr.) June 28, 1889 6.(c) If alive, give age 60 years

8. AGE: Years 58 Months 4 Days 11 If less than one day hrs. min.

9. Birthplace East New Market, Dor. Md.  
(town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name George Banks

13. Birthplace East New Market, Md.

14. Maiden name Mary Jackson

15. Birthplace East New Market, Md.

16. Informant Rev. Albert Slacum

Address Church Hill Md.

17. Burial Date thereof Nov. 12, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market Md.

18. Funeral director F.B. McLaughlin

Address East New Market

19. Nov. 11 19 47 Elizabeth Smith  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 19 47 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death

Chronic Myocarditis

Due to normal

Due to normal

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam.

M. D. or other

Address Cambridge Md. Date signed Nov 16/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 13 1947

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**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

10005

1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Conn.</u> County <u>X</u> City or town <u>Bridgeport</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>806 Boston Avenue</u> (If rural, give LOCATION)	
How long in above place of death? <u>12 hours</u>		2.(a) If veteran, name war _____	
Hospital, institution, or street address where death occurred: <u>Home</u>		3.(b) Social Security Number <u>X</u>	
How long in hospital or institution? <u>None</u>		3.(a) FULL NAME <u>HOWARD M. SMITH SR.</u>	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Mary Gladys Whittington</u>		6.(c) If alive, give age <u>45</u> years	
7. Birth date of deceased (mo., day, yr.) <u>6/17/1904</u>		8. AGE: Years <u>43</u> Months <u>4</u> Days <u>28</u> It less than one day _____ hrs. _____ min.	
9. Birthplace <u>Wilmington, Delaware</u> (Town, county, and state)		10. Usual occupation <u>Supt. of Equipments</u>	
11. Industry or business <u>Conn. Railway &amp; Lighting</u>		12. Name <u>Robert Smith</u>	
13. Birthplace <u>Delaware</u>		14. Maiden name <u>Anna Richardson</u>	
15. Birthplace <u>Delaware</u>		16. Informant <u>Howard M. Smith Jr.</u> Address <u>Cambridge, Maryland.</u>	
17. Burial <u>Burial</u> Date thereof <u>11/18/47</u> (Burial, cremation, or removal. Which?) (month) (day) (year)		18. Funeral director <u>LeCompte Funeral Service.</u> Address <u>Cambridge, Maryland.</u>	
19. <u>Nov. 17 - 1947</u> <u>John M. ...</u> (Date rec'd by registrar) Registrar		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>November 15 1947</u> at <u>2:45 P.M.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Death on arrival</u> and that I last saw him <u>Death on arrival</u> Immediate cause of death <u>Coronary occlusion</u> DURATION <u>10 Min.</u> Due to _____ Due to _____ Other conditions <u>Obesity</u> <u>about 10 years</u> (Include pregnancy within 8 months of death) Major findings of operations <u>none</u> Date of op. _____ Autopsy results <u>none</u> PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____ 23. SIGNATURE <u>Eldridge H. ...</u> Address <u>...</u> Date signed <u>11-17-47</u>	



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NOV 18 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **116**

### 1. PLACE OF DEATH:

County **Dorchester**  
City or town **Rural-Hudson**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Life**  
Hospital, institution, or street address where death occurred:  
**RFD # 3**  
How long in hospital or institution? **- - - - -**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Dorchester**  
City or town **Rural-Hudson**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **RFD 3**  
(If rural, give LOCATION)  
**- - - - -**  
2.(a) If veteran, name war **- - - - -**

### 3. (a) FULL NAME

**Florence Marshall Spedden**

### 3. (b) Social Security Number

**- - - - -**

4. Sex <b>Female</b>	5. Color or race <b>White</b>	6.(a) Single, married, widowed, or divorced <b>Married</b>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife **J. Frank Spedden**  
7. Birth date of deceased (mo., day, yr.) **July 7, 1880**  
6.(c) If alive, give age **66** years  
8. AGE: Years **67** Months **4** Days **12** If less than one day **- - - - -** hrs. **- - - - -** min.

9. Birthplace **Hudson, Dor. Co., Maryland**  
(Town, county, and state)  
10. Usual occupation **Housewife**  
11. Industry or business **Own Home**  
12. Name **Elijah Marshall**  
13. Birthplace **Maryland**  
14. Maiden name **Amanda Wheatley**  
15. Birthplace **Maryland**

16. Informant **Mrs. Henlen Everhart**  
Address **Cambridge, RFD 3, Maryland**  
17. **Burial** Date thereof **Nov. 22, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetary or crematory **Speddens Cemetery**  
Location **James, Dor. Co., Maryland**  
18. Funeral director **LeCompte's Funeral Service**  
Address **Cambridge, Maryland.**

19. **Nov. 22, 1947** **John Marshall**  
(Date rec'd by registrar) (Signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **November 19, 1947** at **11:30A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **6/10** 19 **47**, to **11/19** 19 **47**, and that I last saw h. **ER** alive on **11/19** 19 **47**.

Immediate cause of death **CANCER**  
DURATION  
Due to **ADENOCARCINOMA**  
**DESCENDING COLON**  
Due to **1**  
Other conditions **DEEF MUTE**

(Include pregnancy within 3 months of death)  
Major findings of operations **CARCINOMA DESCENDING COLON**  
Date of op. **7/9/47**  
**CAMBRIDGE MARYLAND HOSPITAL**  
Autopsy results **-**  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: **NO**  
Accident, suicide, or homicide **- - - - -** Date of **- - - - -**  
Where did injury occur? **- - - - -** (City or town) **- - - - -** (County) **- - - - -** (State)  
Injured at home, farm, industry, public place (where?) **- - - - -**  
Means of injury **- - - - -** Injured at work? **- - - - -**

23. SIGNATURE **John Marshall** M. D. or other **-**  
Address **Cambridge Md.** Date signed **4/24/47**

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10007

488

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Julia M. Stafford

### 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widow  
e of husband or wife Li Com Stafford  
dead 68 years  
Birth date of deceased (mo., day, yr.) Mar 12 1896  
AGE: Years 71 Months 6 Days 18 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

### 9. Birthplace

Chapable  
(Town, county, and state)

Usual occupation

habitat  
name

### 1. Industry or business

MOTHER FATHER

### 12. Name

Samuel Spencer

### 13. Birthplace

Chapable md

### 14. Maiden name

Don't know

### 15. Birthplace

Maryland

### 16. Informant

Anna Bluffard

Address

Church Creek md  
Stafford

### 17.

(Burial, cremation, or removal. Which?)

Date thereof Mar 19  
(month) (day) (year)

Cemetery or crematory

Church Creek

Location

Church Creek

### 18. Funeral director

Leah H. Bannan

Address

Cambridge

### 19.

(Date rec'd by registrar)

Nov 18 1947  
John M. Jones md  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1947 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1947 to death 1947

and that I last saw him alive on Nov 10 1947

Immediate cause of death Generalized carcinoma

DURATION

Due to

Ca of uterus & metastases to brain & lungs

Due to

with paralysis of speech

Other conditions

Cachexia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

W. Thompson md

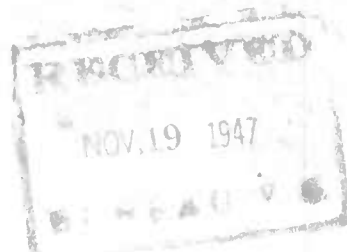
M. D. or other

Address Cambridge Md Date signed Nov 15 1947

m of information carefully. The correct age uses of death clearly and legibly.

K. Sup

PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physic



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

10008

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... Dorchester  
 City or town... RFD #2 Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester  
 City or town... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. RFD #2  
 (If rural, give LOCATION)

2.(d) If veteran, name war

## 3. (a) FULL NAME

Annie L Stanley

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female Negro Widowed

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 18588. AGE: Years 89 Months 6 Days 20 If less than one day hrs. min.9. Birthplace Salem Dor. Co Md  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Enoch Hollis13. Birthplace Salem Dor. Co. Md14. Maiden name Delilah Unknown15. Birthplace Salem Dor. Co Md16. Informant Mrs SampsonAddress RFD #2 Cambridge Md17. Burial Date thereof Nov 29 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Salem CemeteryLocation Salem Dor. Co. Md18. Funeral director H. H. H. & SonAddress Cambridge Md19. Nov 28 1947 John Stanley, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1947 at 7:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1947 to November 27 1947and that I last saw him alive on November 24 1947

Immediate cause of death

Cerebral HemorrhageDue to Hypertensionon previous date

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. A. Clum, M.D.

M. D. or other

Address Cambridge Md Date signed 11/25/47

DURATION

1 day18 min12 11

ARMED AND DANGEROUS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Toddville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Toddville  
 How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rural-Toddville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Toddville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Howard W. Todd

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Lulu Hughes  
 7. Birth date of deceased (mo., day, yr.) Jan. 10, 1882 6.(c) If alive, give age 55 years  
 8. AGE: Years 65 Months 10 Days 15 If less than one day - - - - - hrs. - - - - - min.

9. Birthplace Toddville, Dor. Co., Maryland  
 (Town, county, and state)

10. Usual occupation Waterman-Farmer

11. Industry or business Seafood-Dirt

12. Name Ramona Todd

13. Birthplace Maryland

14. Maiden name Roxema Todd

15. Birthplace Maryland

16. Informant Mr. Philip W. Todd

Address Toddville, Maryland.

17. Burial Date thereof Nov. 27, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Zion Church Cemetery

Location Toddville, Dor. Co., Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Nov 28 19 47 John Mace Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 19 47 at 2: P M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 19 47 to Nov. 25 19 47  
 and that I last saw him alive on NOVEMBER 24 19 47

Immediate cause of death Palatal Pulmonary Tuberculosis DURATION ?

Due to - - - - -

Due to - - - - -

Other conditions Secondary aneurysm

(Include pregnancy within 3 months of death)

Major findings of operations Positive sputum and x-ray 7/10/47. Date of op. - - - - -

Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no.

Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? - - - - - (City or town) (County) (State)

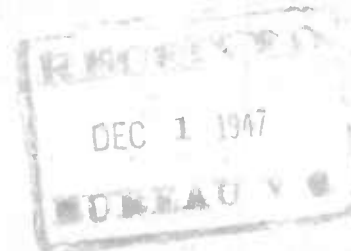
Injured at home, farm, industry, public place (where?) - - - - -

Means of injury - - - - - Injured at work? - - - - -

23. SIGNATURE J. H. Mace

Address Cambridge Md Date signed 11/28/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

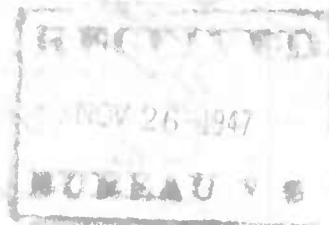
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10009

Reg. Dist. No. 116

<b>1. PLACE OF DEATH</b> County <u>Salisbury, Md.</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>35</u> Hospital, institution, or street address where death occurred: <u>8 Pine St.</u> How long in hospital or institution?		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Salisbury</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>8 Pine St.</u> (If rural, give LOCATION) 2. (a) If veteran, name war	
<b>3. (a) FULL NAME</b> <u>Elidia Vaughn</u>		<b>3. (b) Social Security Number</b>	
<b>4. Sex</b> <u>female</u>	<b>5. Color or race</b> <u>Colored</u>	<b>6. (a) Single, married, widowed, or divorced</b> <u>married</u>	
<b>6. (b) Name of husband or wife</b> <u>Ellie Vaughn</u>		<b>6. (c) If alive, give age</b> years	
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Don't know</u>			
<b>8. AGE:</b> Years <u>74</u>	Months <u>?</u>	Day <u>?</u>	If less than one day hrs. min.
<b>9. Birthplace</b> <u>near Harlock, Md.</u> (Town, county, and state)			
<b>10. Usual occupation</b> <u>laborer</u>			
<b>11. Industry or business</b> <u>none</u>			
<b>12. Name</b> <u>Don't know</u>			
<b>13. Birthplace</b> <u>Don't know</u>			
<b>14. Maiden name</b> <u>Don't know</u>			
<b>15. Birthplace</b> <u>Don't know</u>			
<b>18. Informant</b> <u>Ellie Vaughn</u>			
<b>Address</b> <u>Cambridge, Md.</u>			
<b>17. Date of death</b> <u>Nov 22 1947</u> (Burial, cremation, or removal. Which?) (month) (day) (year)			
<b>Cemetery or crematory</b> <u>Cambridge, Md.</u>			
<b>Location</b> <u>Cambridge</u>			
<b>18. Funeral director</b> <u>Levin H. Hansen</u>			
<b>Address</b> <u>Cambridge, Md.</u>			
<b>19. Date rec'd by registrar</b> <u>Nov 24 1947</u> Registrar <u>John Macfarland</u>			
<b>MEDICAL CERTIFICATION</b>			
<b>20. DATE OF DEATH</b> <u>Nov. 22, 1947</u> at <u>12:00</u> P.M.			
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>11-17-47</u> <b>19</b> <u>47</u> <b>to</b> <u>Nov. 22, 1947</u> <b>and that I last saw him alive on</b> <u>11-17-47</u> <b>19</b> <u>47</u>			
<b>Immediate cause of death</b> <u>Cerebral Hemorrhage</u>			
<b>Due to</b> <u>Hypertension</u>			
<b>Due to</b>			
<b>Other conditions</b>			
(Include pregnancy within 3 months of death)			
<b>Major findings of operations</b>			
<b>Autopsy results</b>			
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>Accident, suicide, or homicide</b>			
<b>Where did injury occur?</b> (City or town) (County) (State)			
<b>Injured at home, farm, industry, public place (where?)</b>			
<b>Means of injury</b> <b>Injured at work?</b>			
<b>23. SIGNATURE</b> <u>Lawrence Mangum</u>			
<b>Address</b> <u>136 Race St. Cambridge, Md.</u> <b>Date signed</b> <u>11-22-47</u>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 32 yrs., 5 mos., 30 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mollie M. Warrington

## 3. (b) Social Security Number

Unknown

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife J. W. WarringtonEaston, Maryland 6. (c) If alive, give age \_\_\_\_\_ years7. Birth date of deceased (mo., day, yr.) Unknown8. AGE: Years 79? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Seaford, Delaware (?)  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Unknown12. Name Eligah Morgan13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. BURIAL Date thereof NOV 21, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory ODD FELLOWS CEMETERYLocation SEAFORD, DELAWARE18. Funeral director MEDFORD L. WATSON JR.Address SEAFORD, DELAWARE19. Nov. 19 - 19 47 John Mace Jr M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 47, at 4:03 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 18, 19 15, to November 17 19 47and that I last saw her alive on November 17 19 47Immediate cause of death Chronic myocarditis and  
myocardia degeneration DURATION several  
years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension, DementiaPræcox  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

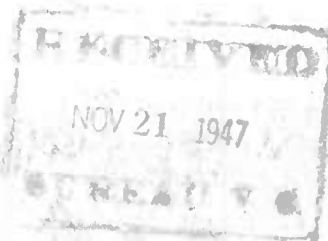
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John Mace Jr M.D. M. D. or other

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10011

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 Years

Hospital, institution, or street address where death occurred:

RFD # 2How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

Noah Webster

## 3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Maud Seward(Died 6/20/1931)6.(c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Nov. 14, 1859

8. AGE:	Years	Months	Days	It less than one day
	<u>87</u>	<u>11</u>	<u>26</u>	<u>-</u> hrs. <u>-</u> min.

8. Birthplace Secretary, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation Retired Farmer11. Industry or business II II12. Name Samuel L. Webster13. Birthplace Maryland14. Maiden name Priscilla Shepherd15. Birthplace Maryland16. Informant Mr. T. Seward WebsterAddress RFD # 2, Cambridge, Maryland17. Burial Date thereof Nov. 13, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Webster Family CemeteryLocation Hudson, RFD 3 #, Cambridge, Md18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Nov 11 - 47 John M. [unclear]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1947 at 8:7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

- 19 - to - 19 -and that I last saw him alive on - 19 -Immediate cause of death -

DURATION

Disease Coronary ArteriosclerosisDue to Arterio-SclerosisDue to swollen  
gumOther conditions Obstructive

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

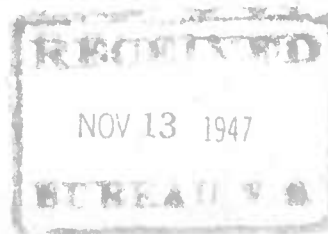
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury -Injured at work? -23. SIGNATURE Joe H. Shriver, Dep. Med. Exam.

M. D. or other

Address Cambridge, Md Date signed Nov 11/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

10012

131a

## 1. PLACE OF DEATH:

County Worcester County mdCity or town Cambridge Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 33 years

Hospital, institution, or street address where death occurred:

114 Washington Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County SanchesterCity or town Cambridge, md  
(If outside city or town limits, write RURAL and give nearest town)Street No. 114 Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Lydia L Wilkins

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

C

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

none6. (c) If alive, give age 33 years

## 7. Birth date of

deceased (mo., day, yr.) Nov. 15, 1914

## 8. AGE:

33

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Cambridge  
(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

Restaurant

## 12. Name

James Wilkins

## 13. Birthplace

Golden Hill md

## 14. Maiden name

Anna Wilkins

## 15. Birthplace

Golden Hill

## 16. Informant

James Wilkins

## Address

Cambridge RFD 2

## 17. (Burial, cremation, or removal. Which?)

Burial

## Date thereof

Nov 23 1945  
(month) (day) (year)

## Cemetery or crematory

Cambridge md

## Location

John's H. Bayneys

## 18. Funeral director

201 Washington St

## 19.

Nov. 23, 1945  
(Date rec'd by registrar)

19. 47

John Macez md

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1947 at 12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-2-47 to 11-19-47and that I last saw him alive on 11-19-47

Immediate cause of death

Myocardial infarction - Arteriosclerosis  
hypertension

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Arteriosclerosis hypertensive

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. M. Macez

M. D. or other

Address 136 Race Street CambridgeDate signed 11-21-47



RECEIVED

NOV 24 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Cambridge  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred: 377 Pine Street

How long in hospital or institution? no

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Sorrelster  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 377 Pine Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Walter Young

### 3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Color Mixed

6.(b) Name of husband or wife

Marie Young

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

73

0

4

hrs.

min.

9. Birthplace

April 16 1894

(Town, county, and state)

10. Usual occupation

Lumber

11. Industry or business

none

FATHER

12. Name

Sam Young

13. Birthplace

Maryland

MOTHER

14. Maiden name

Harriet Micks

15. Birthplace

Rock rd near Rockville

16. Informant

Bladder Henson

Address

Cambridge rd

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Senecity

Location

Cambridge rd

18. Funeral director

Levi H. Bannum

Address

Cambridge

19.

(Date rec'd by registrar)

Nov. 16 1947 John M. Mays md  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH

November 13 1947 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/3 1947 to 11/13 1947  
and that I last saw him alive on 11/13 1947

Immediate cause of death

Metastatic Carcinoma  
Left Lung

Due to

Arthritis rheumatoid

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Specimen John Hopkins

Hospital Baltimore Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. Mays

M. D. or other

Address Cambridge Md Date signed 11/15/47

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

